



PATIENT PRESENTING CLINICAL SIGNS

Cleo Hattan Second UTI in 3 months. ++transitional cells in sediment. Urinary system only

SPECIES ULTRASONOGRAPHIC LIMITED EXAMINATION OF THE URINARY TRACT

Urinary System

Canine

The urinary bladder presented uniformly thickened urinary bladder wall isoechoic to the adjacent normal urinary bladder wall. The luminal margin of the thickened urinary bladder wall was mildly asymmetrical in contour. Urinary bladder wall thickness measured 0.47 cm. Mineralization or echogenic foci within the thickened areas of urinary bladder wall was not present. The urinary bladder, trigone, cystourethral junction, and visible pelvic urethra exhibited normal tone to a depth of 4 cm. Anechoic urine was present in the lumen with no uroliths or sediment. The ureteral papillae were normal. The ureters were visualized and appeared to enter the ureteral papilla with documented ureteral jet.

BREED

Golden Retriever

SEX

FS

Normal size and margination were present in the kidneys. A normal 1:3 cortex / medulla ratio and normal corticomedullary definition were maintained. The echogenicity of the cortex was similar to or slightly less than normal liver parenchyma while the medulla echogenicity was hypoechoic to the cortex. Scant bilateral pyelectasia was present. The left kidney measured 7.3 cm in length. The right kidney measured 6.7 cm in length.

AGE

5yr

ULTRASONOGRAPHIC FINDINGS

WEIGHT

66lb

- Sonographically unremarkable bilateral kidney with scant pyelectasia
- Mild cystitis pattern

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

INTERPRETED BY

R. McKenzie Daniel, DVM,
 DABVP (Canine and Feline)

The bilateral pyelectasia is non-specific yet not overtly indicative of pyelonephritis without evidence of peri pelvic inflammatory criteria. No overt upper or lower urinary tract pathology i.e. ectopic ureter, bladder sediment/calculi, neoplastic criteria etc. was present. as an obvious nidus of recurrent UTI. A urine C/S on sterile sample is suggested if not done. A screening BRAF assay could be considered yet no evidence of neoplastic criteria was observed. Assessment of the vulva and vaginal vault for evidence of structural abnormalities which may predispose to ascending infection is recommended. If recurrent documented UTI based on C/S, a higher dose shorter frequency antibiotic regiment i.e. Clavamox or Baytril 20 mg/kg PO SID for 3-5 days and as needed urinary probiotics may be more effective at eliminating recurrent infection.

IMAGING PERFORMED BY

Pamela Harrigan, RDCS

HOSPITAL NAME

Foster Veterinary
 Clinic

REFERRING VET

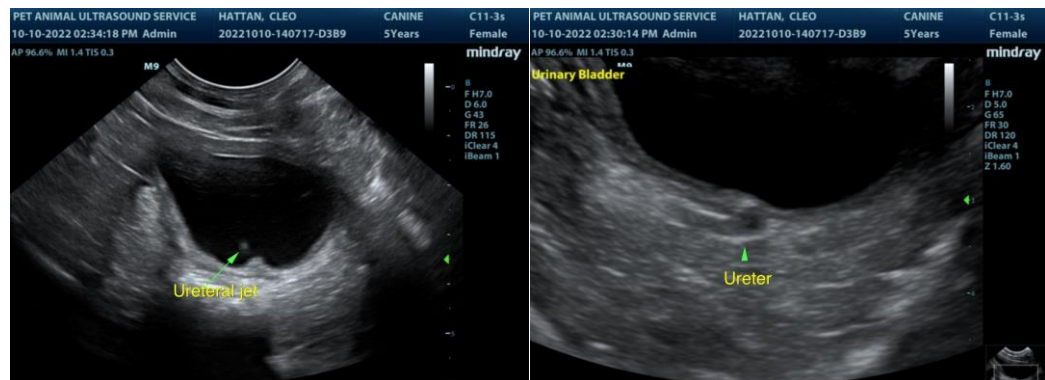
Dr. Hattan

INVOICE

11825ag

DATE

10/10/2022





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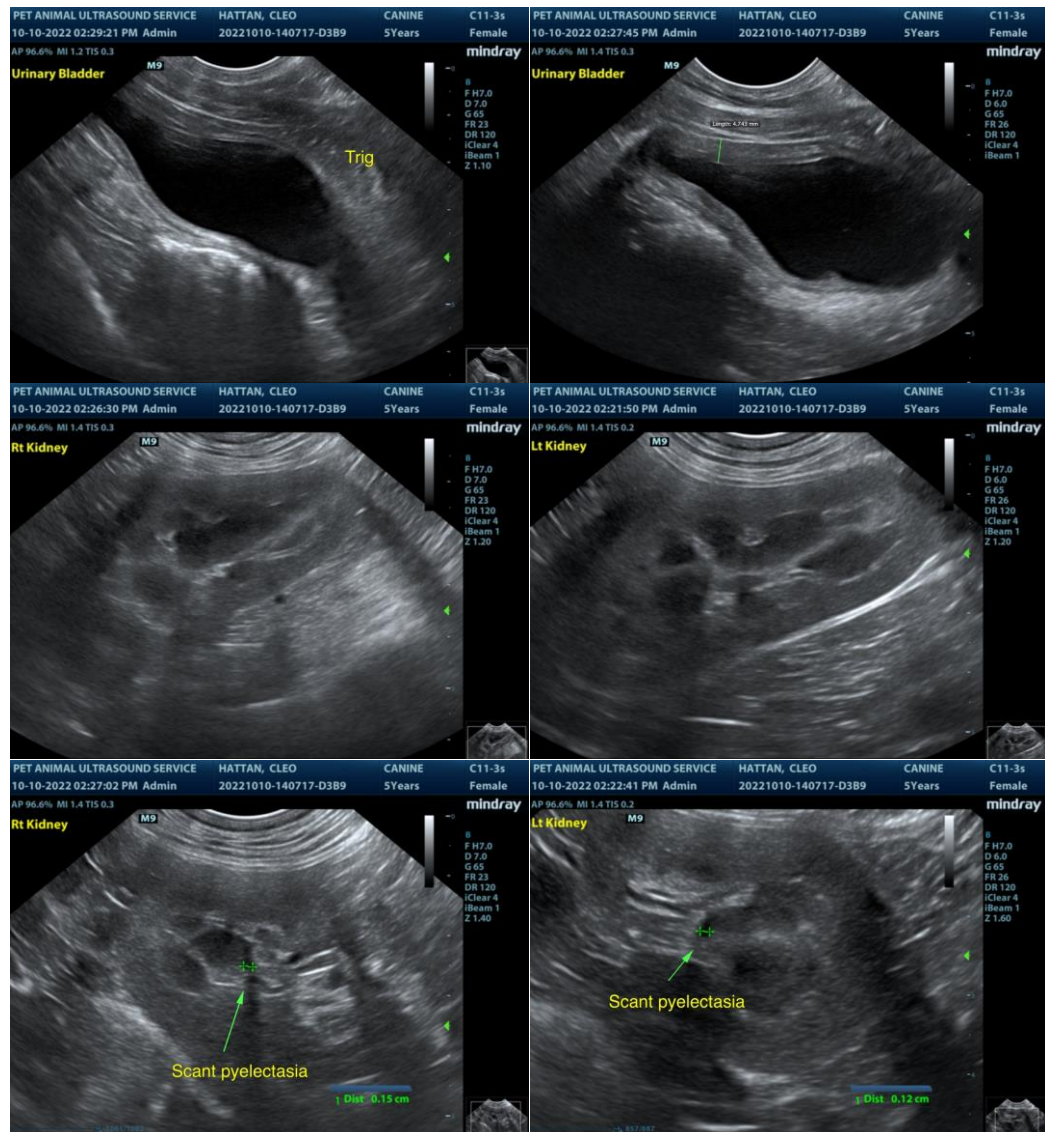
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The information and recommendations provided are based on the images presented by the referring veterinarian. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

R. McKenzie Daniel, DVM, DABVP (Canine / Feline Practice)
 info@SonoPath.com